December 28, 2011

<u>CERTIFIED MAIL</u> (7007 1490 0003 4207 9793)

Administrator Evergreen Court 900 124th Ave NE Bellevue, WA 98005

Boarding Home License # 1502

Licensee: Downtown Action to Save Housing

STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Administrator:

This letter constitutes formal notice of a stop placement order prohibiting admissions on your boarding home located at **900 124**th **Ave NE, Bellevue, Washington,** by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in the Laws of 1998, Chapter 272; RCW 18.20.190.

The stop placement of admissions to your boarding home is based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your boarding home. These and other deficiencies will be more fully described in the Statement of Deficiencies report that will be forthcoming.

WAC 388-78A-2120 (3)(a)(b)(4) Monitoring residents' well-being.

The facility failed to monitor resident well being due to lack of staff direction and training.

WAC 388-78A-2600(1)(3) Administrator responsibilities.

The facility failed to have policies and procedures directing staff how to care for residents.

WAC 388-78A-2700(1)(3) Administrator responsibilities.

The facility failed to investigate incidents and put a plan in place to protect residents.

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A written, acceptable Plan of Correction (POC) for each deficiency cited unless otherwise specified must be submitted to this office within 10 calendar days of your receipt of this report. Your plan of correction should include:

- How the home will correct the deficiency for each numbered resident;
- How the home will protect other residents in similar situations;
- Measures the home will take or the systems it will change to ensure the problem does not recur;
- How the home plans to monitor its ongoing performance to sustain compliance;
- Dates corrective action will be completed (no more than 45 days from the last day of the inspection); and,
- The title of the person responsible to ensure correction.

Please sign the enclosed Statement of Deficiencies report and return it with your completed Plan of Correction to:

Lois Rasmussen, Field Manager District 2, Unit D 20425 72nd Avenue South, Suite 400 Kent, WA 98032

Phone: (253)234-6020 / Fax: (253) 395-5071

The stop placement order prohibiting admissions to your boarding home was effective immediately upon verbal notice to you on **December 23, 2011** and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your boarding home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Lois Rasmussen, Field Manager at (253) 234-6020.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any preapproval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement of admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

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You may contest the imposition of a stop placement order prohibiting admissions to your home by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies report must be included with your request. Send your request to:

Office of Administrative Hearings PO Box 42489 Olympia, Washington 98504-2489

As provided in RCW 18.20, you may question cited deficiencies identified in the Statement of Deficiencies report and/or this enforcement action through the department's informal dispute resolution process. During the informal dispute resolution process you also have the right to present written evidence refuting the deficiencies.

To request an informal dispute resolution meeting, send your written request to:

Informal Dispute Resolution Program Manager Aging and Disability Services Administration PO Box 45600 Olympia, Washington 98504-5600 Fax (360) 438-7903

The written request should:

- Identify the specific deficiencies and/or enforcement action(s) that are disputed;
- Explain why you are disputing the deficiencies and/or enforcement action(s);
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice and Statement of Deficiencies report.

A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

If you have any questions, please contact Lois Rasmussen at (253) 234-6020.

Sincerely,

Lori Melchiori, Ph.D. Assistant Director Residential Care Services Administrator Evergreen Court December 28, 2011 Page 4

Enclosure

cc: Linda Ronco, Compliance Specialist

RCS Field Manager – District 2, Unit D RCS District Administrator – District 2 HCS Regional Administrator – Region 2 DDD District Administrator – Region 2

Washington State Long Term Care Ombudsman

Area Agency on Aging, AAA - King

Office of Financial Recovery, Vendor Program Unit

Medicaid Fraud Control Unit

John Ficker, HCS HQ Central Files